

not just the cheapest, for example. They might well believe that is a pretty good thing.

The GAO and others say this may well increase the coverage. The assumption that a couple million people will opt out, I do not believe that.

The second thing is, we are going to need to solve the farm problem with folks around here from both sides of the political aisle. The Presiding Officer is from Kansas, a big State in dealing with the farm issue. I would never suggest that somehow he doesn't care about farmers. I have served with him in the House and the Senate and know too well how much he cares about family farmers. We need, at some point, to get together on a solution to deal with the farm crisis. I understand that. I have not said—and I could, I suppose—all right, you took \$6 billion that you created someplace and gave it to defense.

So my contention is this: You gave the Defense Department money they didn't ask for that should have gone to farmers. I could come out here and make that case, I suppose. But I am not doing that. I have said I thought if there was \$6 billion, we should have a debate about the priorities. We didn't. The Defense Department got it, and I am sure they will use it for security needs, readiness, and other things.

My point is, on the underlying bill, I don't think we should be too quick to pass it, because it doesn't have the fundamental resources to deal with the farm crisis.

In any event, last week the Democratic leader informed the majority leader: If you don't give us the opportunity that we insist upon as Senators, to bring these issues to the floor, such as the Patients' Bill of Rights, then we intend to offer it as an amendment to whatever vehicle is on the floor. Anybody who is surprised by that simply wasn't awake last week.

So we will get through this. I think the way we will do it is to have a full debate on the Patients' Bill of Rights at some point, with the ability to offer amendments, as we should, and I hope we will also have a robust debate on the issue of the farm crisis response.

The PRESIDING OFFICER. The time requested by the Senator has expired.

Mr. DORGAN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GREGG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### EXTENSION OF MORNING BUSINESS

Mr. GREGG. Mr. President, I ask unanimous consent that the period for morning business be extended until 3 p.m. and that the time be equally di-

vided between the minority and majority.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### PATIENTS' BILL OF RIGHTS

Mr. GREGG. Mr. President, I think it is appropriate to respond to some of the commentary from the other side about the Patients' Bill of Rights—the Republican plan versus the Kennedy bill, the proposal that the other side has put forth.

The American public should know and recognize that a majority in this Congress is for moving on an effective proposal and for addressing the needs of the American citizens relative to dealing with HMOs, and that is the Republican Patients' Bill of Rights. It is a very good package of ideas put together after a long and serious amount of consideration. It came out of the committee of jurisdiction with a majority vote, is now on the floor, and has received a majority vote in the Senate. It would significantly improve the situation of patients as they deal with doctors and HMOs across this country.

I think, however, that it also ought to be noted on the other side of the coin that what Senator KENNEDY's proposal does is to continue the Clinton health care plan that we saw about 5 years ago—I guess it was 5 years ago now—"Hillary-Care," as it came to be known. This is sort of the daughter of "Hillary-Care" or son of "Hillary-Care," as put forth by the Senator from Massachusetts. Essentially, if you are going to be honest about the practical effect of the proposal of the Senator from Massachusetts, it is to increase the premiums for private health insurance in this country by at least 4 percent potentially; other estimates have been as high as 6 percent.

When you start raising the premiums for health insurance—especially on self-insured individuals—the impact of that is that people drop out of the health care insurance system. Why is that? Because they can't afford it. If you are a small business of five or six employees, if you are running a restaurant, or if you are running an auto shop or a small software company, and your costs go up 4 percent on your health care premium, that can amount to a significant cost increase, and in many instances that is going to be the difference between making it and not making it in some of these small companies. So you have a situation where people drop the insurance.

The Congressional Budget Office has estimated that the practical effect of the Kennedy health care plan will be that well over 1 million people will drop their health insurance. Why is this important? Why does this tie into "Hillary-Care"? Because, if you will recall, back in the days when we were debating the issues of "Hillary-Care," the basic proposal was to create a nationalized system where the Federal Government would come in and take over all

insurance carriers in this country, for all intents and purposes, with the logic behind that being that there were too many uninsured people in the health market to date, too many Americans simply did not have health care insurance, and therefore we needed to have "Hillary-Care."

Nationalization of the health care industry was proposed at that time, and the Kennedy bill was introduced by Senator KENNEDY on behalf of the First Lady, and the proposal was, let's nationalize the system so all the uninsured in this country will have a system of insurance.

Of course, it failed miserably, because it was incredibly complex, it was incredibly bureaucratic, and it was extraordinarily expensive for the American taxpayer. The cost increase and the tax burden for the American taxpayer would have far exceeded any savings in premium that would have occurred, and the cost in bureaucracy and the loss of effectiveness in the administration of health care in this country would have had a major impact on the quality of health care.

So out of common sense, good sense, and good politics, the program was rejected out of hand, and in fact it never came to a vote in the Senate because, quite honestly, a majority on the other side of the aisle was embarrassed by the proposal and they decided to walk away from it.

What we have here is essentially is an extension of that, because what we have is a back-door proposal to health care. Unhappy with the fact that they were unable to nationalize the health care system, in order to cover those folks who do not have enough health insurance, they have now decided, by bits and pieces, through small slices—this one is a very large slice but through smaller slices of the pie—to slowly uninsure Americans. So there is such a large pool of uninsured Americans that we will have to come back to a "Hillary-Care" system so there will be justification for nationalization of the health insurance industry, because there will be all these uninsured people out there who have been created and, because of a lack of insurance, we will have to create legislation.

Because of all of these different actions taken—proposals such as we are seeing today on "Kennedy-Care," which will create another 1 million-plus people who are uninsured—next year we will have another proposal which will create another group of uninsured and there will be another proposal to increase the cost of insurance. And they will add something else to private insurance costs—some new benefit, or initiative—that will have all sorts of trappings of nice political sounds so that they will need to raise the cost of insurance premiums. So more people will step off of insurance, and more and more people will end up being uninsured over a period of time, and we will end up with just more people becoming uninsured as we continue